Out Patient Bill

Patient Name	:	**Mr.PRABHAKARAN.S**	**Bill No**	:	MMH/MK/OPKB202405273
Patient Id	:	**MKB202405386**	**Bill Date**	:	04/10/2024 1:07:45AM
Age/Gender	:	22 Y 0 M 0 D/Male	**Visit Report Id**	:	MKB202405386-V001
Phone Number	:	6382605229	**Payment Mode**	:	UPI
Doctor Name	:	Dr.B.VINOTHKUMAR	**Entity Type**	:	CASH
Visit Date	:	10/4/2024 12:42:29AM	**Entity Name**	:	CASH
Speciality	:	ANAESTHETIST AND INTENSIV			

S.No	Description	Qty	Unit Rate	Discount	Amount
1	CT FACIAL BONE	1.00	₹3,000.00	₹0.00	₹3,000.00
2	OBSERVATION CHARGES	1.00	₹2,000.00	₹0.00	₹2,000.00
3	CT CHEST - OP	1.00	₹3,500.00	₹0.00	₹3,500.00
4	PROFESSIONAL FEES(Dr.RAJARAJAN K)	1.00	₹1,000.00	₹0.00	₹1,000.00
5	CT BRAIN - OP	1.00	₹2,500.00	₹0.00	₹2,500.00
6	CT ABDOMEN - OP	1.00	₹3,500.00	₹0.00	₹3,500.00
7	AMBULANCE CHARGES (5 -10KM)	1.00	₹7,000.00	₹0.00	₹7,000.00
8	CT - CERVICAL SPINE	1.00	₹4,500.00	₹0.00	₹4,500.00
9	PROFESSIONAL FEES(Dr.B.VINOTHKUMAR)	1.00	₹1,000.00	₹0.00	₹1,000.00

Patient Name	: **Mr.PRABHAKARAN.S**		**Bill No**	:	MMH/MK/OPKB202405273
Patient Id	: **MKB202405386**		**Bill Date**	:	04/10/2024 1:07:45AM
Age/Gender	: 22 Y 0 M 0 D/Male		**Visit Report Id**	:	MKB202405386-V001
Phone Number	: 6382605229		**Payment Mode**	:	UPI
Doctor Name	: Dr.B.VINOTHKUMAR		**Entity Type**	:	CASH
Visit Date	: 10/4/2024 12:42:29AM		**Entity Name**	:	CASH
Speciality	: ANAESTHETIST AND INTENSIV				

S.No	Description	Qty	Unit Rate	Discount	Amount
		Total Amount	:		**₹28,000.00**
		Discount Amount	:		**₹2,500.00**
		Net Amount	:		**₹ 25,500.00**
		Amount Received	:		**₹ 25,500.00**

Received Amount in Words : **Twenty-Five Thousand Five Hundred Only**

KRISHNAN
Authorised Signature